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Arizona Nurse Practitioner Summit

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This magazine is mailed quarterly to over 90,000 Arizona licensed nurses and reaches every nursing student, hospital administrator and nursing school administrator in the state

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From Right to Left - Top: Sally Reel, PhD, FNP; Renee McLeod, DNSc, APRN, CPNP Center; Karen Grady, RN, MS, FNP; Pamela Randolph, RN, MS, PNP; Tracy Klein, MS, WHCNP, FNP

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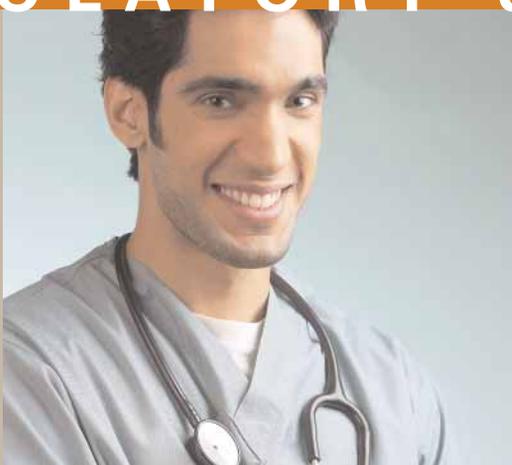
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From the Executive Director
JOEY RIDENOUR, RN, MN

Holiday Greetings, The Arizona State Board of Nursing (AzBN) in partnership with the AzBN Advanced Practice Advisory Committee hosted the “first time ever” Arizona Nurse Practitioner Summit on September 29, 2006. Over one hundred sixty- five Nurse Practitioners, Nurse Practitioner faculty and Nurse Practitioner students attended the conference. The overall goal of the conference was to encourage communication and increase understanding about the educational and clinical preparation, certification requirements and scope of practice of Nurse Practitioner specialty areas.

Special thanks are given to the eleven outstanding speakers who presented at the conference. Nationally recognized guest speakers included Tracy Klein, MS, WHCNP, FNP, author of Medscape article, *Scope of Practice and the Nurse Practitioner: Regulation, Competency, Expansion and Evolution*. Dr. Renee McLeod, DNSc, APRN, CPNP, Director of Graduate Education & Advanced Practice Programs at Arizona State University College of Nursing & Healthcare Innovation presented on the foundations of Nurse Practitioner practice: specialty area educational preparation & competencies.

Sally Reel PhD, FNP, University of Arizona College of Nursing and Donald Pierce RN, MSN, FNP presented information on how educational preparation drives scope of practice. Denise Link DNSc, WHCNP, and Honorable Brian Tully explored establishing credentials within a scope of practice. Kathy Player EdD, RN and Pat Shannon, MS, MA RN, CS, PNP, summarized the evolution of the Nurse Practitioner role from a leadership and practice perspective.

Karen Grady RN, MS, FNP, did an excellent job in chairing/moderating the event as well as presenting information on the Arizona Nurse Practice Act and NP Case Studies. Pam Randolph RN, MS, PNP, AzBN Education Consultant presented information on increasing competencies within a scope of practice. Special thanks also to Dr. Anne McNamara and Rio Salado Community College for providing the room for the conference.

The Arizona State Board of Nursing cordially invites you to join us in Celebrating AzBN's 85th Anniversary and opening of new offices during an open house on Friday, November 17, 2006, 4:30 pm to 6:30pm. Stop by for refreshments and a tour of our new facilities. Please RSVP Lila Wiemann at lwiemann@azbn.gov by Thursday, November 16th!

To a joyful present and well remembered past, best wishes for happy holidays and a magnificent new year.

Joey Ridenour, RN, MN
EXECUTIVE DIRECTOR



From the President

KATHY MALLOCH PHD, MBA, RN

Greetings! Most individuals are aware of the licensing and discipline roles of the board of nursing. What many individuals may not be aware of are the other resources available from both the Arizona State Board of Nursing (AzBN) and the National Council of State Boards of Nursing (NCSBN). As a newly elected member of the NCSBN Board of Directors, I was recently reacquainted with their many resources and would like to share them with you. Often times as new regulatory issues emerge; discussions and information can be found on either of these websites or other state nursing board websites. Please feel free to access these websites at any time and also encourage others to use this important resource.

Arizona State Board of Nursing

Website: www.azbn.gov

Resources:

- o Nursing statistics for Arizona: Includes the number of actively practicing nurses in Arizona.
- o Advisory opinions specific to interpretations of the Nurse Practice Act. Currently there are over 60 Advisory Opinions available.
- o Advanced Practice information
- o Board committee information. Advanced Practice, Scope of Practice, Education, Pilot Medication Technician, committees meet regularly throughout the year to address nursing regulatory issues. Committees are always looking for interested individuals to learn about the work and become members.
- o Fee structures for licensure and certification
- o Imposter alerts
- o Scope of Practice information and link for on-line discussion
- o Nurse Practice Act
- o Multi-state Licensure overview
- o Proposed rules

Online tools

- o Online licensure verification

Community

- o AzBN Nursing Regulatory Journal
- o Upcoming conferences related to nursing regulation

Board staff directory, Board members and links to other state regulatory agencies.

National Council of State Boards of Nursing

Website: www.ncsbn.org

General information topics: news and upcoming events, NURSYS license verification, nurse licensure compact, nursing regulation, other resources and testing services. Examples of information available include:

- o Nursing regulation and delegation
- o Model Nurse Practice Act
- o Model Act and Rules for delegation
- o Nursing Assistant Regulatory Model
- o Continued Competence Concept paper
- o American's for Nursing Shortage Relief document
- o National Coordinating Council for Medication Error Reporting and Prevention (NCC-MERP) document
- o Citizens Advocacy Center (CAC) PREP project document

Testing Service (NCLEX®) includes information for candidates, the on-line application, item development and many others.

NURSYS®: National database for licensure verification and disciplinary actions on individual nurses.

Updates & Contacts: Information and websites for 59 boards of nursing in the US, continued competence activities, and media inquiries. Most recently, a joint statement on delegation was issued by NCSBN & ANA, NCSBN response to HR 5688 Healthcare Truth and Transparency Act of 2006, and Criminal Background Check resolution.

Products & Services: Research services, Center for Regulatory Excellence Research program, NCSBN's learning extension.

As you can see, there is a wealth of information about nursing regulation at both the state level and the national level. Feel free to access this information at any time. Also, if there is additional information that you would like to see available on either website, please email Joey Ridenour at jridenour@azbn.gov or myself at Kathy@kathymalloch.com.

Kathy Malloch, President
ARIZONA STATE BOARD OF NURSING

Palliative Care for Withdrawal of Mechanical Ventilator/Extubation

Dear Readers • As you recall, in the last Arizona State Board of Nursing Regulatory Journal, facilities were asked to contribute articles regarding patient safety initiatives. Kathy Scott RN PhD, CHE, Regional VP, Clinical Services of Banner Health Arizona Region sent the following policy as developed by BTMC, Karen Barkus, Critical Care Director. Joey Ridenour

I. PURPOSE:

A. To provide guidelines for providing care to patients at end of life who have agreed to removal of ventilator support.

II. DEFINITIONS:

A. Palliative Care- For the purposes of this policy palliative care is consistent with the World Health Organization's definition of: an approach, which improves the quality of life of patients and their families facing life-threatening illness, through the prevention, assessment and treatment of pain and other physical, psychosocial and spiritual problems.

B. SCALE – refers to Spiritual Care at Life's End

C. Neuromuscular blockades – are pharmacological agents that are utilized to intentionally interrupt transmission at the neuromuscular junction resulting in paralysis.

III. POLICY:

A. Performed by physician with agreement from the attending; performed by Registered Nurse (RN) or physician in collaboration with Respiratory Care Practitioner (RCP).

B. Physician order required. The pre printed physician order set titled Palliative Care for Withdrawal of Mechanical Ventilation/Extubation, will be used for all end of life weaning from a ventilator.

C. Notify bioethics or risk management if appropriate prior to termination of life support (refer to other related policies and procedures).

D. The decision to wean and remove from the ventilator for end of life care requires:

1. A care conference to involve the physician regarding the plan of care.

2. A do not resuscitation order.

3. Document physician consensus to withdraw life support by patient and/or family, Medical Power of Attorney, understanding of goals of care, alternatives and clinical outcomes.

4. Comfort measures to include the promotion of compassionate and comprehensive pain relief and/or light sedation based on established evidence-based scales i.e. John Hopkins.

5. Determination of noninvasive monitoring needs is assessed by the physician.

E. In order to give the patient an opportunity for spontaneous respiration prior to removal of mechanical ventilator support.

1. Discontinue neuromuscular blocking agents for a minimum of 4 hours or observe for a spontaneous breath.

F. Discontinue sedation medications prior to weaning or withdrawal of mechanical ventilation.

G. Deviation from policy on withdrawal of life support requires notification and initiation of the chain of command (Refer to Chain of Command Policy and Procedure).

IV. PROCEDURE/INTERVENTION(S):

A. Educate patient, family, and/or Medical Power of Attorney of weaning process, therapeutic goals, and participation in care, which includes: (RN)

1. Discussion and agreement of possible clinical outcomes

2. Treatment for pain and/or anxiety.

3. Availability of other healthcare disciplines such as SCALE, Social Services, Case Management and so on.

4. Collaboration between all health care professionals in determining process of terminal weaning and plan of care.

B. Maintain IV access for administration of analgesics and sedation.

C. Discontinue neuromuscular blockade and sedation, and assess patient every 15 minutes.

D. Medicate for pain and light sedation per standardized physician order set, Palliative Care for Withdrawal of Mechanical Ventilation/Extubation.

E. Suction endotracheal tube of all secretions prior to extubation.

F. Notify chain of command if any deviation from policy.

V. DOCUMENTATION (DOCUMENTS & FORMS):

A. Physician progress note: to include discussion with patient, family, caregiver, and/or Medical Power of Attorney regarding plan of care, plan of care goals, and alternatives.

B. Nurses Notes

C. Ventilator Record

VI. ADDITIONAL INFORMATION:

A. The American Society of Pain Nurses Position Statement on End of Life Care:

1. Terminal illness is often accompanied by severe pain and other unpleasant symptoms that cause undue suffering. The fundamental principle of palliative care is to alleviate suffering caused from intractable symptoms such as pain, dyspnea, agitation, and anxiety. The relief of these symptoms is not considered passive euthanasia or assisted suicide.

2. The goals of prolonging life and alleviating pain/suffering do not always coincide, however, effective pain and symptom management at the end of life may prolong life rather than accelerate death. It is well documented that the majority of terminally ill patients can be provided effective relief from pain and other symptoms by well-trained clinicians.

3. Nurses who specialize in pain management, as a part of the healthcare team, are in a position to advocate for effective pain relief and symptom management for the terminally ill regardless of whether that care prolongs life or hastens death.

4. ASPMN (American Society of Pain Management Nurses) supports the ANA position of 1998 that states: Nurses individually and collectively have

an obligation to provide comprehensive and compassionate end of life care, which includes the promotion of comfort and the relief of pain, and at times, forgoing life-sustaining treatments. 5. ASPMN supports the Agency for Health Care Policy and Research (1994) that states: There is an ethical obligation to provide relief that is based on the pain report and mutually agreed upon goals as defined by the patients in collaboration with the healthcare team.

B. Ethical issues at end of life:

1. Withholding/withdrawing of treatment:

a. Common reasons why withholding/withdrawing therapy is considered:

i. Patient choice

ii. Undesirable quality of life

iii. Burdens outweigh benefits

iv. Prolonging dying

b. When a capacitated patient or designated power of attorney decides that a proposed treatment will impose undue burdens, the patient or designee should be entitled to refuse treatment, based on the patient's right to self-determination.

c. Similarly, when a patient or designated power of attorney, in collaboration with the healthcare team decides that a treatment has become more burdensome than beneficial to the patient, it is appropriate to withdraw that care.

d. Common situations of withholding or withdrawal of treatment included: withholding or withdrawing of medically provided hydration and nutrition, ventilation, cardiopulmonary resuscitation, dialysis, antibiotic use, turning off pacemakers, and other therapies.

e. Withdrawal or withholding treatment is a decision/action that allows the disease to progress its natural course. It is not a decision/action intended to cause death.

VII. REFERENCES:

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Arizona State Board of Nursing

Joey Ridenour
Executive Director

The Fourth Annual CNA Educators Retreat Friday, January 12, 2007

PROGRAM SCHEDULE

8:00-8:30	Registration Continental Breakfast
8:30-9:30	Board of Nursing Update Pamela Randolph
9:30-10:15	Department of Health Services Report • Sylvia Balistreri
10:15-10:30	Break
10:30-11:30	Working With Higher Ups: A Nursing Process Approach Dr. Sheila Sorrentino
11:30-12:45	Buffet Lunch
12:45-1:45	Resonating With Stress: Re-energize, Relax, Renew Dr. Sue Roe
1:45-3:15	Round Tables: CNA Certification CNA Misconduct Continuing Education Critical Thinking High School Programs Implementing a Board Approved Curriculum Medication Technician Pilot Facilities Skill Testing in a Clinical Laboratory Teaching Methods Test Observers Update on Management of Alzheimer's Patients
3:15-3:30	Break
3:35-4:15	D&S Diversified Technology Testing Update • Paul Dorrance, Jennifer Underwood
4:15-4:30	Wrap-Up and Evaluations

FOURTH ANNUAL CNA EDUCATORS RETREAT

Friday, January 12, 2007
Mountain Preserve Reception Center
1431 East Dunlap, Phoenix, Arizona 85281

REGISTRATION FORM

Early Registration: \$60 prior to December 15th

Late Registration: \$75 after December 15th

On-site/Walk-in Registration \$100 per person
Space Permitting

Purchase Orders WILL NOT be accepted in lieu of payment.

Name: _____

Facility/School/Affiliation: _____

Address: _____

City, State, Zip: _____

E-Mail Address: _____

Business Phone: _____

Mobile: _____

Submit form and check or money order made payable to:
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For more information visit our website or call





Update on Pilot Study Medication Technician Project

The pilot-study medication technician (PSMT) project was a result of legislation (HB 2256), passed in 2004 which allowed the Arizona State Board of Nursing to establish a medication technician pilot program.

Significant progress has been made implementing the following requirements of the legislation:

- Determining the impact to patient health safety of delegating medication administration to certified nursing assistants with extra training in medication administration; Data on medication error rates using licensed nurs-

es has been collected through observation of over 3000 medication administrations revealing an overall error rate of 10.6%. Another round of data collection will be completed six months after the use of medication techni-

cians.

- Board responsibility for developing protocols and prescribing the education needed: Protocols, curriculum and secure, legally defensible competency tests (written and manual skills) have

been developed and are being implemented.

- Limited to six skilled nursing facilities: The six pilot facilities are Silver Ridge Village, Bullhead City; Good Shepherd Health Care, Peoria; Shadow Mountain, Scottsdale; Mountain View, Tucson; Heritage Health Care, Globe; and Copper Mountain Inn, Globe.
- Board assessment of a fee to partici-

pating facilities: \$90,000 has been raised through donations and fees assessed to pilot facilities.

Other accomplishments include:

- At least 2 instructors from each facility have completed Board-sponsored training;
- Training has been completed in two facilities with 13 PSMTs now administering medications delegated by a

licensed nurse according to the protocols of the Board.

- Training is ongoing in 2 more facilities.

Feedback

The following comments were received regarding the program:

“Congratulations to the PSMT’s. You’ve come a long way. Thank you for helping us pass medications—it relieves us of some responsibility to do more nursing care.” J. C. LPN

“Thank you for making my work load lighter. I have more time to listen to residents. I used to go home thinking I haven’t paid enough attention to residents. Now with the PSMT helping, I perform my duty as a nurse, which gives me (peace) of mind.” V. B.G., LPN

Please contact me for more information on the project at prandolph@azbn.gov

BOARD ACTIONS ON EDUCATION MATTERS

September 2006

- Granted initial program approval to CNA programs at: AZ Pioneer Home, Evergreen Mesa Christian Health and Rehabilitation Center, Grace Institute Inc, Palm View Rehab and Care Center, Shadow Mountain, and Tucson Medical Center.
- Granted provisional approval for an LPN program at East Valley Institute of Technology
- Granted proposal approval for an RN program at Everest College
- Approved North Dakota CNE RN Refresher Program
- Approved applications for program change from: Maricopa Community Colleges District Nursing Program, Northern Arizona University, and Arizona State University

In May 2003, the Board received a complaint alleging that Nurse A had invited patient B to reside in his home and was engaged in sexual relations with the patient while assigned as patient B's Home Health nurse. The complaint was filed by the Director of the Home Health Agency.

Investigation revealed that Nurse A had previously allowed another patient to move into his home while assigned as the patient's case manager. Nurse A was subsequently re-assigned, but his actions violated his employer's policies and constituted a violation of the Nurse Practice Act. (Nurse A continued to care for this patient until his death, in a jointly owned residence. Nurse A denied being a beneficiary of the patient's estate.)

In February 2003, Nurse A had reported to local police that he was being blackmailed by a woman, (patient B). Nurse A admitted that he had first met patient B at her residence when assigned as her home health nurse. Nurse A reported that patient B informed him that she was residing with a friend and her husband and stated that she was being sexually harassed by the friend's husband. When patient B stated that she needed to leave but had nowhere to go, Nurse A admitted offering a room in his home until she could find another residence.

Nurse A reports being subsequently seduced by patient B at his home. Some days later, after being absent from the residence, patient B attempted to blackmail Nurse A, demanding money and property. When Nurse A subsequently attempted to argue about the amount of money demanded, patient B accused him of rape and molestation. Nurse A informed the police that he was aware that patient B had a drug history prior to inviting her into his home. He stated that he did not want her charged, he just wanted her to leave him alone. Nurse A described the relationship with patient B as consensual, "on their own time and in his private home". Nurse A also admitted ongoing friendships with two widowers of former patients.

A psychological evaluation was conducted prior to the matter being reviewed by the Board. A consent agreement for 36 months probation with terms and conditions was offered to Nurse A and accepted. Terms included a psychiatric evaluation, psychological counseling and monthly performance evaluations. Nurse A was precluded from working directly with any patients. Nurse A was compliant with the terms of the agreement but had difficulty finding employment and after twelve months petitioned the Board for early termination of the agreement. Because Nurse A had not complet-

ed the entire work requirement, the request was denied

Two years after the consent agreement was signed, a new complaint was received alleging that Nurse A had been sexually inappropriate with his colleagues. Various peers were interviewed and reported frequent lewd remarks and sexual innuendo... Those interviewed reported that Nurse A was dismissive of requests to cease the remarks stating that "he was just joking" or that he "didn't mean anything". When subsequently interviewed by Board staff, Nurse A denied making any of the remarks ascribed to him and had no explanation for her colleagues accusations.

The complaint was presented to the Board who voted Notice of Charges. Nurse A has the option of responding to the charges. If he does so, a hearing will be scheduled. Prior to the hearing there may be a settlement conference. If Nurse A does not respond to the charges, they will be deemed true and Board action against nurse A's license will follow. In the alternative, Nurse A may elect to surrender his license. If he does so, he will be eligible to apply for reinstatement after five years. In order for his license to be reinstated, Nurse A will need to show that he has effectively addressed the issues precipitating Board discipline and ultimately, the surrender of his license.

Prior to November 2005, boundary violations were subsumed in "unprofessional conduct". In November 2005, the Board implemented Rules specifically prohibiting any dual relationship between a patient and any nurse regulated by the Board of Nursing. AAC R 403A (1) defines "failure to maintain professional boundaries" as any conduct or behavior that... is likely to lessen the benefit of care to a patient, resident or the family of a patient or a resident and places the patient, resident or family of the patient or resident at the risk of being exploited financially, emotionally or sexually..." The intent of the nurse is irrelevant. Where a nurse simultaneously engages in both a professional and nonprofessional relationship with a patient that is avoidable, non-incident and results in the patient being exploited financially, emotionally or sexually, (AAC R4-19-403A (2),) the nurse has violated the Nurse Practice Act and their license is subject to discipline. Since the care-giver/patient relationship is inherently unequal, the patient must be protected from abuse, however good the intentions of the professional nurturer. Likewise, the professional is required to accord their peers respect and not undermine their colleagues personally or professionally by inappropriate remarks, particularly in the workplace.

Case Study: SUBSTANCE ABUSE

SISTER M. RACHEL TORREZ RN, MS, NURSE PRACTICE CONSULTANT

This case study deals with a professional nurse who was employed by a local registry and was working in a variety of facilities in the metropolitan Phoenix area. From on or about September 2005 through January 2006 the Board received four complaints from four different facilities alleg-

ing that the nurse might be diverting and tampering with narcotics. Because of the number and nature of the complaints this case rose to a priority one level which meant it needed to be resolved quickly. The nurse was notified in the usual manner which included a letter and a ques-

tionnaire with a short summary of the allegation(s). Please note that all complaints are initially considered allegations because it has not been determined that the Nurse Practice Act (NPA) has been violated. In this case the nurse was mailed

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VIII. OTHER RELATED POLICY/PROCEDURES:

- A. Chain of Command
- B. Withholding/Withdrawal of Life Support Policy
- C. Sedation Analgesic Policy

IX. Cross Index As:

- A. Withdrawal of Life Support
- B. Terminal Extubation

continued from page 17

two questionnaires because she did not respond to the initial one.

The nurse finally responded to the second letter and said she would mail in her response but it was never received by our Board. The Nurse Consultants provide nurses every opportunity to provide their side of any allegation before proceeding. In cases where nurses fail to respond, the Nurse Consultants have no choice but to proceed without input from the nurse.

After a nurse submits her written response Board staff wants to meet with the individual to discuss the case. This particular nurse was contacted by phone and mail but she never responded, so staff had no choice but to proceed. It is important to note that it is a violation of the Nurse Practice Act (NPA), R4-19-403.25(a) to fail to furnish in writing a full and complete explanation covering the matter reported pursuant to A.R.S. 32-1664.

It was determined that there was enough evidence and supporting documents from four different facilities that

this nurse could be harmful to the public or to herself. The Board staff made the decision that the nurse should be summarily suspended and the case should be

the allegations. At some point the nurse admitted she had tampered with some narcotics and she also believed she had a chemical dependency problem. It is



IF THE BOARD FINDS THAT THE PUBLIC HEALTH, SAFETY, OR WELFARE IMPERATIVELY REQUIRES EMERGENCY ACTION, THE BOARD HAS THE AUTHORITY...TO ISSUE AN ORDER OF SUMMARY SUSPENSION OF A LICENSE.

expedited. If the Board finds that the public health, safety, or welfare imperatively requires emergency action, the Board has the authority under A.R.S. 41-1092.11(B) and 41-1064(C) to issue an order of Summary Suspension of a license. The Board decided this case met those requirements and the case was prepared for the Board to act in this manner.

When the nurse was noticed by mail regarding the date of the Board meeting she wanted to meet with Board staff. The Board staff met with her in order to allow her to provide her explanation regarding

important to understand that Board staff is always ready to provide nurses with the resources they need in order to enter treatment. There are many programs and services available to professional staff for treatment.

The outcome of this case was not positive. The nurse said she wanted treatment but she failed to obtain the services she needed in order to address her chemical dependency problem and the Board had no choice but to eventually revoke the license.

MULTI-STATE COMPACT INVESTIGATIONS

CASE 1

Nurse A came to Arizona from Texas in 2004, and worked registry on her multi-state privileges. Until she tested positive for methamphetamines on a pre-employment urine drug screen, the Arizona State Board of Nursing (AzBN) had no record of her arrival in Arizona, as is the case with nurses working on the multi-state privilege. When AzBN was notified of her positive drug screen, as much demographic information as possible was collected, and a case was opened. AzBN Board staff notified the Texas Board of Nurse Examiners (TBNE) so that coordination of the case could begin.

Because Nurse A was not licensed in Arizona, prior to the complaint being filed, she was not required to notify AzBN of her change of address. Correspondence was sent to her last known address; however, the correspondence was returned. The Board's investigator located Nurse A after several weeks by following leads in Nurse A's employment file. Correspondence, including

an Investigative Questionnaire, was re-sent to Nurse A's most recent address.

Nurse A never completed the Board's questionnaire, but did come to the Board office for an interview. Nurse A admitted she had used methamphetamine and cocaine for the previous 6 months, but denied any prior use. Towards the end of the interview, Nurse A finally admitted drug use that had begun approximately 4 years ago, when her life had begun to "self-destruct", following the death of her husband. Nurse A stated she had not used drugs again after her positive drug screen.

Nurse A stated she had been contacted by TBNE about the complaint, and worried she might lose her Texas license, but admitted she had not responded to correspondence from TBNE related to the investigation. The Board's investigator provided Nurse A with the name and telephone number of a contact at TBNE, and encouraged her to make contact. Nurse A also worried

about losing her new job at a small rural hospital, if her employer became aware of the complaint.

The Board's investigator explained to Nurse A that AzBN's options to act were limited in her case. According to the Compact regulations:

"A remote state may take adverse action affecting the multistate licensure privilege to practice within that party state. However, only the home state shall have the power to impose adverse action against the license issued by the home state." (A.R.S. § 32-1668, Article V [C]).

The first option was to refer the case back to Texas to complete the investigation and determine if discipline was warranted. This was usually done if AzBN's investigation showed the nurse's conduct did not rise to the level of requiring monitoring.

The second option was to revoke the privilege to practice nursing in Arizona, and to issue a cease and desist order. To revoke the

privilege, the Board needed to determine that if this nurse were licensed in Arizona, his/her conduct warranted monitoring, suspension, or revocation of the license to protect the public. Because AzBN cannot take any of these actions for nurses that do not hold Arizona licenses, and the nurse clearly required monitoring, the only option was to revoke the privilege to practice nursing in Arizona.

Nurse A's privilege to practice nursing in Arizona was revoked, and the appropriate information was placed in Nursys®, the national nursing data base. However, this action did not affect her ability to work in other states participating in the interstate compact, until TBNE revoked Nurse A's license several months later. Nurse A no longer has the ability to work legally in any state.

CASE 2

Nurse B came to Arizona from Tennessee, and worked as a traveler in various Valley hospitals. The Arizona State Board of Nursing (AzBN) received an anonymous complaint that Nurse B had been arrested for driving under the influence (DUI) and was thought to be impaired at work. The complainant was unable to provide dates or witnesses to Nurse B's alleged impairment on duty.

As is part of AzBN's process, the Tennessee Board of Nursing was informed of the complaint that had been opened on Nurse B. Staff from the two Boards determined that Arizona would take the lead in the investigation, and would transfer information to Tennessee as it became available.

Nurse B immediately responded to AzBN's correspondence, and completed the Board's Investigative Questionnaire. She disclosed she had been arrested for DUI with a blood alcohol content of .199. Nurse B pled down to a charge of Reckless Driving, and she quickly completed all court requirements.

Nurse B was interviewed by Board staff, and no ongoing chemical dependency or substance abuse issues were identified. There were no documented problems in her personnel file, including no issues of impairment on duty, and no incidents in which other staff smelled alcohol on her breath. Nurse B arrived on time to work, and her cur-

rent supervisor had nothing but good things to say about her current performance.

Had Nurse B been licensed in Arizona, she likely would not have required monitoring to ensure patient safety. Therefore, because AzBN's options were limited to either closing the case without action in Arizona, or revoking the privilege to practice in Arizona, the decision was made to close the case and send the file to the Tennessee Board of Nursing. That Board assumed the lead in the investigation, and did not discipline Nurse B's Tennessee license.

LESSONS LEARNED:

- Nurses who are working on the multi-state privilege are not required to inform AzBN that they are here. Therefore, until a complaint is filed, there is no demographic information on them in AzBN's data base. Investigations may be expedited by the complainant collecting and reporting as much information to AzBN soon as possible, including all known addresses and a social security number.
- Both AzBN and the nurse's home state are involved in the investigation. The two states

will determine which will take the lead, and how information will be exchanged. Information flows freely between the involved Compact states.

- AzBN's options in deciding the case of a compact nurse are limited. If monitoring or more discipline is needed to protect the public, the privilege to practice in Arizona will be revoked, and a cease and desist order will be issued. If this is not the case, the investigation will be closed with no action and Arizona, and the case referred to the home state.
- Revoking the privilege to practice in Arizona does not affect the nurse's ability to work in another compact state.
- Employers should verify the license of a compact nurse with the home state before hiring. If the home state has disciplined the license with probation, suspension, or revocation, the nurse is not eligible to work in Arizona. This information is not available in AzBN's data base because AzBN has no record that nurse is in our state but the information would be available from the primary state of licensure.

Case Study: PRESCRIBING OUTSIDE SCOPE OF PRACTICE

JEANINE SAGE, RN, MSN, NURSE PRACTICE CONSULTANT

As nurses we all tend to want to relieve people's sufferings. This was the case with LPN, Nurse B, who was working at a Care Center a few months ago. She noticed that the unit clerk, Janie, was having some distress from a cold. Nurse B was going to give Janie some Claritin, but none was available. There were, however, vitamins available and Nurse B felt these would help Janie. Nurse B inadvertently poured the vitamins into a medication cup in which she had already placed a resident's methadone. After Janie took the vitamins, Nurse B began looking around for the methadone, and decided she had accidentally thrown it out. After awhile, Janie began to feel drowsy, so much so that her parents had to come and take her home. A few hours later, her parents were unable to waken Janie and took her to the hospital. Three lab tests failed to reveal any substance that would be causing Janie's symptoms, but a fourth specimen, sent to Banner Good Samaritan Hospital Lab detected the Methadone. Janie was unconscious for nearly twenty hours. Fortunately, she recovered with no ill effects.

Nurse B was devastated to learn what she had done. She was only trying to help Janie but her well-meaning assistance took a nasty turn. She violated the Nurse Practice Act, R4-19-403 (B), (12),

"Assuming patient care responsibilities that the nurse lacks the education to perform, for which the nurse has failed to maintain nursing competence, or *that are outside the scope of practice of the nurse.*" The Board offered a Consent Agreement for a Degree of Censure, which is discipline.

From the Executive Director: Joey Ridenour RN MN

Flu season is a busy time of the year for nurses. Many find themselves being asked to provide vaccinations to clients, the public, family, friends and colleagues. A prescription by a health care professional with the authority to prescribe the vaccine is needed before the vaccine can be administered. This can take the form of a client specific order or a medical directive/standing order/protocol that is applicable to a range of clients. Health Services Advisory Group submitted the following article to encourage vaccinations for seniors. Please also consider vaccination of health care workers in your facility to reduce influenza infection and absenteeism. JER

STANDING ORDERS/ PROTOCOLS FOR INPATIENT FLU & PNEUMOCOCCAL VACCINATIONS

- HOWARD PITLUK, MD, MPH, FACS
- SUSAN SUMWALT, RN, MA, CPHQ
- HERB RIGBERG, MD

Influenza and invasive pneumococcal disease together result in more than 40,000 deaths in the United States each year; most of the victims are 65 years of age or older. Vaccines for these diseases have been found to be safe and effective, but immunization rates among the elderly remain low.

The Centers for Medicare & Medicaid Services (CMS) and the Centers for Disease

Control and Prevention's (CDC's) Advisory Committee on Immunization Practices (ACIP) have advocated that health care providers (i.e., ambulatory care, hospitals, long-term care, and home health) help to improve influenza and pneumococcal immunization coverage through the use of standing orders/protocols. Standing orders/protocols are an organization-based intervention that allows appropriate non-physician staff to routinely offer vaccinations—after assessment for contraindications—without an individual physician order, according to the facility or agency physician-approved policy.

While Medicare Conditions of Participation (CoPs) for providers were changed in 2002 to allow the use of standing orders/protocols for influenza and pneumococcal vaccinations, providers have sometimes been reluctant to adopt this approach. With the Joint Commission's recent addition

Joint Commission Approves Use of Physician-Approved Protocols for Flu and Pneumococcal Vaccination

Effective July 1, 2007, the Joint Commission on Accreditation of Healthcare Organizations has approved two new elements of performance (EPs) in Standard MM.3.20. These new EPs align Joint Commission standards with current CMS requirements by allowing administration of influenza and pneumococcal vaccines—as permitted by law and regulation—according to specific physician-approved organization protocols.

- EP14- which applies to **ambulatory care, critical access hospital, hospital, and long term care**-states, "Influenza and pneumococcal polysaccharide vaccine are administered according to a physician order, or, as permitted by law and regulation, according to physician-approved, organization-specific protocol(s)."
- EP15-which applies to **home care**-states, "Influenza and pneumococcal polysaccharide vaccines are administered according to a physician order, or, as permitted by law and regulation, according to approved protocol(s) developed in consultation with a physician."

to its vaccination standards (see sidebar), it is anticipated health care providers will now be more receptive to taking an organizational approach to ensuring that their patients receive vaccinations in accordance with national guidelines.

Because not all seniors seek routine physician-office care, failure to offer vaccines to all inpatients 65 years of age or older represents a missed opportunity for preventing serious illness and death. It is imperative that care providers develop and rigorously implement standing orders/protocols so that no opportunity is missed for influenza or pneumococcal immunization in this vulnerable population.

Dr. Pitluk is Medical Director, Ms. Sumwalt is a Clinical Quality Specialist, and Dr. Rigberg is CEO for Health Services Advisory Group.

This material was prepared by Health Services Advisory Group, the Medicare Quality Improvement Organization for Arizona, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. Publication No. AZ-8SOW-IC-101706-01

CNA X worked the evening shift in a nursing home for several years. He was very well-liked by his supervisors and peers, and was considered an excellent worker. Resident Y was a 31-year-old, female resident with a history of brain damage and manipulative behavior. CNA X began flirting with Resident Y, always trying to seek her out or peek around her privacy curtain when she changed her clothing. One evening when all the staff was busy in the dining room, CNA X entered Resident Y's room and soon began to kiss and undress her. Resident Y was terrified. She tried to fight him off, but he was too strong.

Resident Y didn't know what to do. She knew she needed to report what happened, but who would believe her? She kept flashing back to another traumatic experience when she was raped by a caregiver in an assisted living facility. No one believed her then, not even the police. She went and sat near the kitchen, where a kitchen worker noticed that she was crying. Resident Y was too upset to even explain what happened; all she could do was cry. Finally, the kitchen worker convinced her she needed to tell her what happened, and learned that Resident Y had been molested. The kitchen worker immediately went to the charge nurse and reported the incident.

The nursing staff followed procedure even though they knew there was no way CNA X could have done such a thing. CNA X was interviewed and suspended pending the outcome of their investigation. They contacted the Police Department and AZ Department of Health Services (DHS), but through an oversight, failed to report the incident to the AZ State Board of Nursing (AzBN). The police completed interviews and sent Resident Y to the emergency room where she was given a sexual assault examination. The facility was unable to substantiate the

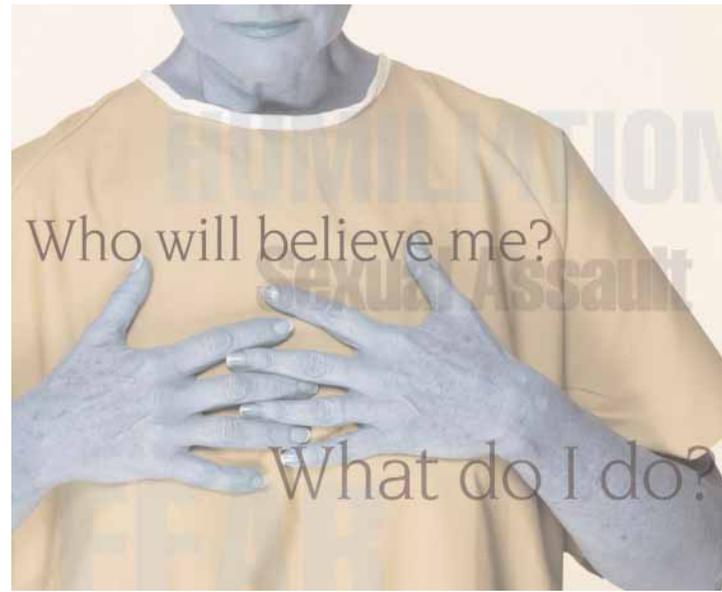
allegation. Resident Y had a history of making a similar complaint in her previous care home and after all, she was known to have brain damage and be manipulative. The facility learned that a couple other residents reported concerns that CNA X made them feel uncomfortable by the way he hugged and touched them. They decided to terminate CNA X's employment.

DHS completed an investigation of the incident and discovered from the police that Resident Y's forensic examination revealed the presence of semen. They also learned that DNA testing was in process and that the police were looking for CNA X in order to collect his DNA sample. DHS reported the incident to the Board, but by this time several months had gone by with CNA X continuing to work with vulnerable nursing home patients. Previous to receiving DHS's notification to the Board, there was nothing in the Board's system to warn the public/employer's regarding CNA X.

CNA X contacted the Board when he was sent notification that a complaint was received regarding his CNA certificate. An interview was scheduled with CNA X to allow him the opportunity to explain his side of the allegation. CNA X repeatedly denied any contact with Resident Y.

The police also repeatedly questioned CNA X to explain if it was possible his DNA might be present on Resident Y. CNA X finally admitted to the officers that he kissed and fondled Resident Y. CNA X agreed to submit to a collection of his DNA, which later turned out to match the DNA found on Resident Y.

During the course of AzBN's investigation, it was discovered that CNA X was



previously disciplined by his employer for sexually harassing a co-worker. It was learned that he had two previous complaints of resident abuse, one from AzBN and one in California, both resulting in non disciplinary actions. In addition, CNA X had a previous arrest for assault/domestic violence and a conviction for domestic violence in California, which he failed to disclose at the time of his endorsement into Arizona.

It was determined that CNA X was a threat to the public health, safety and welfare and required an emergency action. Several weeks later the Board issued Finding of Public Emergency and an Order of Suspension, which summarily suspended CNA X's CNA certificate. A hearing was then held before an Administrative Law Judge. The Judge subsequently recommended to affirm and uphold the Board's Order of Summary Suspension and revoke CNA X's CNA certificate. The Board reviewed and accepted the Judge's recommendations and revoked the certificate.

VIOLATIONS OF LAW:

ARS § 32-1663 (F) AS DEFINED IN A.R.S. § 32-1601 (16) (d), (h) and (j).

(16) "Unprofessional conduct" includes the following whether occurring in this state or elsewhere:

(d) Any conduct or practice that is or might be harmful or dangerous to the health of a patient or the public.

(h) Committing an act that deceives, defrauds or harms the public.

(j) Violating a rule that is adopted by the board pursuant to this chapter.

VIOLATIONS OF RULES:

A.A.C. R4-19-814 (3), (6), (8), (9), (18) and (21) (adopted effective February 4, 2000)

For purposes of ARS § 32-1601 (16) (d), a practice that is or might be harmful or dangerous to the health of a patient or the public includes the following:

(3) Failing to follow an employer's policies and procedures designed to safeguard the client.

(6) Failing to respect client rights and dignity.

(8) Neglecting or abusing a client physically, verbally, emotionally or financially.

(9) Engaging in sexual misconduct or boundary violations with a client.

(18) Using violent or abusive behavior in any work setting.

(21) Practicing in any other manner that gives the Board reasonable cause to believe that the health of a client or the public may be harmed.

A.A.C. R4-19-814 (B) (23. a and c) (adopted effective December 5, 2005)

B. For purposes of A.R.S. § 32-1601 (16), a

c. Not completing and returning a Board-issued questionnaire within 30 days.

LESSONS LEARNED:

- Listen to your patients and take immediate action. From experiences with sexual misconduct cases, patients are often



PREVIOUS TO RECEIVING DHS'S NOTIFICATION TO THE BOARD, THERE WAS NOTHING IN THE BOARD'S SYSTEM TO WARN THE PUBLIC/EMPLOYER'S REGARDING CNA X.

practice or conduct that is or might be harmful or dangerous to the health of a patient or the public and constitutes a basis for disciplinary action on a certificate includes the following:

(23) Failing to cooperate with the Board during an investigation by:

- a. Not furnishing in writing a complete explanation of a matter reported under A.R.S. §32-1664;

afraid to report sexual abuse. They feel humiliated to talk about it and are afraid no one will believe them.

- Avoid thinking that it couldn't be true.
- Call the police and advocate for a forensic examination.
- Follow your policy/procedure and notify all appropriate agencies.

CNA DISCIPLINARY ACTION

JULY-AUGUST-SEPTEMBER 2006

EFFECTIVE DATE	NAME	CERTIFICATE	DISCIPLINE	VIOLATION(S)
9/5/2006	Anderson, Carolyn F	CNA Applicant	Certificate Denied	Criminal Conviction-Misdemeanor; Misconduct; Failure to Cooperate
8/8/2006	Anor, Pedro L	CNA1000004519	Voluntary Surrender	Boundaries; Sexual Abuse; Failure to Follow Orders
8/29/2006	Asaro, Josephine S	CNA1000010307	Stayed Suspension	Criminal Conviction-Misdemeanor
7/19/2006	Ault, Wendy H	CNA999993610	Stayed Suspension	Criminal Conviction-Felony; Drug Related; Obtaining Certificate by Fraud
7/31/2006	Avila, Kathy L	CNA Applicant	Certificate Denied	Criminal Conviction-Felony
8/4/2006	Bates, Alice L	CNA028539803	Stayed Revocation	Criminal Conviction-Drug Related
7/19/2006	Bowden, Amy C	CNA1000009801	Stayed Revocation	Criminal Conviction
8/29/2006	Brown, Elizabeth	CNA Applicant	Certificate Denied	Criminal Conviction-Misdemeanor
9/1/2006	Burnside, Phillip D	CNA1000004193	Revocation	Violating Board Order
8/28/2006	Clark, Alma	CNA Applicant	Certificate Denied	Obtaining Certificate by Fraud; Failure to Cooperate
8/11/2006	Clyde, Sylvia A	CNA1000006330	Stayed Suspension	Criminal Conviction-Misdemeanor
9/6/2006	Colazo, Beatrice L	CNA Applicant	Certificate Denied	Criminal Conviction-Felony
7/19/2006	Collins, Brigette E	CNA999994039	Stayed Revocation	Neglect; False Documentation
7/19/2006	Concepcion, Celso D	CNA451479901	Revocation	Failure to Follow Orders; Practicing Beyond Scope; Drug Use on Duty; Physical Abuse
7/17/2006	Dalton, Anastasia D	CNA1000009906	Civil Penalty	Failure to Follow Orders; Diversion Program
8/29/2006	Diaz, Alfredo	CNA Applicant	Certificate Denied	Obtaining Certificate by Fraud; Failure to Cooperate
9/1/2006	Dorosky, Ricky E	CNA456437803	Revocation	Drug Abuse; Failure to Cooperate
9/1/2006	Dotson, Amelia N	CNA999987210	Revocation	Violating Board Order
8/29/2006	Eliosa, Edilberta	CNA Applicant	Certificate Denied	Obtaining Certificate by Fraud; Failure to Cooperate
7/19/2006	Escobedo, Carmen F	CNA999990558	Stayed Revocation	Criminal Conviction-Misdemeanor; Failure to Follow Orders; Misconduct
7/2/2006	Eubanks, Phyllis V	CNA1000009714	Stayed Revocation	Criminal Conviction-Felony; Criminal Conviction-Misdemeanor; Criminal Conviction-Against Property
8/29/2006	Flory, Kenneth R	CNA Applicant	Certificate Denied	Criminal Conviction-Misdemeanor; Failure to Cooperate
8/29/2006	Garcia Jimenez, Teresa	CNA Applicant	Certificate Denied	Obtaining Certificate by Fraud; Failure to Cooperate
9/6/2006	Garza, Asuncion H	CNA Applicant	Certificate Denied	Criminal Conviction-Misdemeanor; Obtaining Certificate by Fraud; Failure to Cooperate
9/9/2006	Gogolin, Benjamin R	CNA1000010450	Civil Penalty	Criminal Conviction-Misdemeanor
8/1/2006	Golden, Jake M	CNA1000010091	Civil Penalty	Criminal Conviction-Misdemeanor
8/29/2006	Gore, Felicia A	CNA Applicant	Certificate Denied	Criminal Conviction-Misdemeanor; Failure to Cooperate
9/1/2006	Greenwald, Keri V	CNA999997034	Revocation	Failure to Maintain Minimal Standards; Failure to Follow Orders; Verbal Abuse
9/1/2006	Greenwalt, Kathie L	CNA803880103	Revocation	Theft - Client; Drug Diversion - Self; Criminal Conviction-Misdemeanor
9/27/2006	Gutierrez, Maria B	CNA999947875	Civil Penalty	Failure to Follow Orders
9/1/2006	Hamlin, John R	CNA999999054	Revocation	Violating Board Order
8/9/2006	Hartsock, Patti S	CNA1000009955	Stayed Suspension	Criminal Conviction-Misdemeanor; Criminal Conviction-Drug Related
8/22/2006	Henderson, Stephanie G	CNA Applicant	Certificate Denied	Criminal Conviction-Felony; Criminal Conviction-Drug Related; Obtaining Certificate by Fraud
9/27/2006	Hernandez, Eugenio	CNA Applicant	Certificate Denied	Obtaining Certificate by Fraud; Failure to Cooperate
9/1/2006	Hernandez, Norma J	CNA999947410	Revocation	Violating Board Order
8/23/2006	Hill, Edith	CNA923541809	Voluntary Surrender	Fraud/Deceit; Theft - Client
9/1/2006	Hollingsworth, Cindy R	CNA445443286	Revocation	Violating Board Order
8/7/2006	Hughens, Cynthia K	CNA999990640	Civil Penalty	False Documentation; Theft - Employer; Fraudulent Billing
9/1/2006	Hutchison, Deborah L	CNA042589613	Revocation	Violating Board Order
8/24/2006	Jabaar, Shahidah C	CNA999998960	Civil Penalty	Fraudulent Billing; False Documentation; Failure to Follow Orders
7/17/2006	Jackson, Lydia J	CNA1000009775	Civil Penalty	Criminal Conviction-Misdemeanor; Against Person
9/1/2006	Jenkins, Genice D	CNA1000010316	Civil Penalty	Criminal Conviction-Felony; Drug Related
9/19/2006	Joy, Josephine H	CNA595542003	Voluntary Surrender	Criminal Conviction-Misdemeanor; Alcohol Abuse; Failure to Report Violations
9/1/2006	Koos, David A	CNA999995467	Revocation	Criminal Conviction-Felony; Violating Board Order
8/16/2006	Lavoie, Vivian A	CNA999993005	Voluntary Surrender	Failure to Follow Orders; Drug Related
9/1/2006	Lomayaktewa, Ruthena G	CNA710593103	Revocation	Violating Board Order
8/29/2006	Lorah-Smith, Charlene R	CNA Applicant	Certificate Denied	Criminal Conviction
9/5/2006	McIntosh, Lauren L	CNA Applicant	Certificate Denied	Criminal Conviction-Misdemeanor; Failure to Cooperate
8/24/2006	Mendivil, Maria A	CNA127593803	Reinstatement Denied	Criminal Conviction-Felony; Drug Related; Failure to Cooperate
8/2/2006	Montano, Olivia Y	CNA999997789	Civil Penalty	Leaving Duty Station
9/1/2006	Morris, Michelle	CNA276511299	Revocation	Violating Board Order
9/1/2006	Muhammad, Hakim A	CNA Applicant	Certificate Denied	Criminal Conviction-Felony

CNA DISCIPLINARY ACTION

JULY-AUGUST-SEPTEMBER 2006

EFFECTIVE DATE	NAME	CERTIFICATE	DISCIPLINE	VIOLATION(S)
9/1/2006	Murray, Daniel H	CNA1000000837	Revocation	Violating Board Order
8/8/2006	North, Angela L	CNA999992742	Voluntary Surrender	Criminal Conviction-Misdemeanor; Drug Related; Drug Use on Duty
8/18/2006	Nowlin, Charlotte L	CNA Applicant	Certificate Denied	Criminal Conviction-Felony; Obtaining Certificate by Fraud
9/20/2006	Osugwu, Lulu	CNA999950318	Civil Penalty	Failure to Follow Orders; Mental Abuse; Verbal Abuse
9/5/2006	Perez, Lisa M	CNA Applicant	Certificate Denied	Criminal Conviction-Felony; Misdemeanor; Obtaining Certificate by Fraud
9/28/2006	Phillips, Melinda R	CNA1000010563	Civil Penalty	Criminal Conviction-Misdemeanor; Alcohol Abuse
9/1/2006	Romero, Rosann M	CNA777814803	Revocation	Failure to Maintain Minimal Standards; Failure to Follow Orders; Theft - Client
*6/29/2006	Sawyer, Pamela L	CNA Applicant	Certificate Denied	Criminal Conviction-Misdemeanor
8/14/2006	Sjoberg, Thomas W	CNA1000010093	Stayed Suspension	Criminal Conviction-Misdemeanor
9/1/2006	Smith, Annitra M	CNA592664441	Revocation	Violating Board Order
*4/11/2006	Smothers, Lori L	CNA999948763	Voluntary Surrender	Drug Abuse; Criminal Conviction-Misdemeanor; Drug Related
9/1/2006	Stewart, Elizabeth C	CNA999993872	Revocation	Criminal Conviction-Misdemeanor; Failed to Respond
8/3/2006	Valev, Galin S	CNA1000009927	Stayed Revocation	Alcohol Abuse; Criminal Conviction-Misdemeanor
9/11/2006	Vanderplas, Adrienne R	CNA999995508	Stayed Suspension	Criminal Conviction-Misdemeanor
*5/4/2006	Veiver, Tena A	CNA1000009119	Civil Penalty	Criminal Conviction-Misdemeanor; Alcohol Abuse
9/1/2006	Vindiola, Dolores B	CNA999989181	Revocation	Violating Board Order
8/21/2006	Wamsley, Jenny L	CNA1000003697	Stayed Revocation	Drug Abuse
8/25/2006	Ward, Lee W	CNA Applicant	Certificate Denied	Criminal Conviction-Misdemeanor; Alcohol Abuse
7/14/2006	Wilkinson, Denise A	CNA Applicant	Stayed Revocation	Criminal Conviction-Misdemeanor
8/29/2006	Wilson, Evon	CNA Applicant	Certificate Denied	Criminal Conviction-Misdemeanor; Other; Drug Abuse
9/19/2006	Woolsey, Levi G	CNA1000004814	Voluntary Surrender	Verbal Abuse; False Documentation; Failure to Follow Orders
7/12/2006	Yazzie, Darlene D	CNA597918353	Stayed Revocation	Criminal Conviction-Misdemeanor; Alcohol Abuse; Failure to Cooperate

CNA ACTION CLEARED NOVEMBER-DECEMBER 2006 • JANUARY 2007

EFFECTIVE DATE	NAME	CERTIFICATE	EFFECTIVE DATE	NAME	CERTIFICATE
8/14/2006	Adeyemi, Adewale	CNA722308499	8/21/2006	Magdaleno, Corena V	CNA1000005208
8/24/2006	Curtis, Roxanne N	CNA1000001269	9/28/2006	Rivera, Albert	CNA999987708
8/2/2006	Dufault, Lori L	CNA827875057	8/15/2006	Wise, Erika	CNA999950977

RN/LPN DISCIPLINARY ACTION

JULY-AUGUST-SEPTEMBER 2006

EFFECTIVE DATE	NAME	LICENSE	DISCIPLINE	VIOLATION(S)
9/1/2006	Ashenbaum, Joel C.	RN102801	Revocation	Violating Board Order
9/1/2006	Ashford, Betty F.	LP026706	Revocation	Drug Abuse, Drug Use on Duty
8/10/2006	Bartley, Pamela K.	RN082767	Voluntary Surrender	Failure to Intervene, Medication Errors, Drug Abuse
7/21/2006	Bellman, Jeanne A.	RN069621	Revocation	Alcohol Abuse, Violating Board Order
8/13/2006	Beyer, Ann	RN127151	Decree of Censure	Documentation Errors, Wastage Errors
6/12/2006*	Bleimeyer, Marianne	TLP042312	Stayed Suspension w/Probation	Drug Abuse, Drug Diversion, Action in Another Jurisdiction
		Refresher Course only		
6/30/2006*	Blevins, James A.	LP011787	Voluntary Surrender	Misconduct-Physical Abuse
8/9/2006	Bousquette, Christine L.	RN131168	Decree of Censure	Failure to Report Violations
7/28/2006	Braun, Alice L.	RN081483	Decree of Censure	Unsafe Practice, Failure to Follow Orders
8/22/2006	Brown, Laurie Jo	RN Endorsement	License Denied	Failure to Maintain Minimal Standards, Failure to Follow Orders, Practicing Beyond Scope
9/1/2006	Burson, Helen E.	LP035197	Decree of Censure with Fine	Misconduct-Breach of Confidentiality
9/11/2006	Caldwell, Wanda Jo	LP037689	Probation	Failure to Maintain Minimal Standards, Failure to Follow Orders, Failure to Assess
6/12/2006*	Cambron, Lori D.	RN083249/LP018754	Stayed Suspension w/Probation	Alcohol Abuse, Violating Board Order
7/19/2006	Campise, Steven E.	RN083833	Civil Penalty	Practicing Beyond Scope, Misconduct-False Documentation
9/12/2006	Campos, Danielle Rae	RN140740	Civil Penalty	Practicing without License
7/16/2006	Carroll, Dulce E.	RN136807	Civil Penalty	Criminal Conviction, Fraud, Deceit-Obtaining License

JULY-AUGUST-SEPTEMBER 2006

EFFECTIVE DATE	NAME	LICENSE	DISCIPLINE	VIOLATION(S)
6/19/2006*	Chiha, Soraya	RN129289	Probation	Alcohol Abuse
7/20/2006	Cline, Jamie D.	RN139871	Civil Penalty	Practicing without License
9/1/2006	Close, Mark A.	RN097272/SN0347	Revocation	Failure to Maintain Minimal Standards, Failure to Assess, Violating Board Order
8/16/2006	Coats, Sharon S.	LP011311	Decree of Censure	Failure to Follow Orders, Medication Errors
8/29/2006	Colgin, Katherine E.	RN Endorsement	License Denied	Alcohol Abuse, Action in Another Jurisdiction
6/9/2006*	Collier, Deanna L.	RN035358/AP0045	Decree of Censure	Failure to Assess, Documentation Errors
7/20/2006	Dahl, Melinda Lou	TRN123635 Refresher Course Only	Indefinite Suspension	Failure to Maintain Minimal Standards, Medication Errors, Practicing Beyond Scope
9/1/2006	Dillistin, Nellie V.	RN049116	Revocation	Drug Abuse, Drug Use on Duty, Failure to Comply with Requirements of Impaired Nurse Program
8/21/2006	Dollard, Sally A.	LP018624	Decree of Censure	Drug Abuse
9/1/2006	Dorn, Pamela E.	LP035555	Revocation	Action in Another Jurisdiction, Failure to Cooperate with Board
9/5/2006	Dutchover, Eric P.	RN076370	Probation	Alcohol Abuse
9/11/2006	Eakerns, Jeanette R.	RN066788/LP021937	Civil Penalty	Practicing Beyond Scope
7/20/2006	Eastman, Carla D.	RN140581	Civil Penalty	Practicing without License
9/1/2006	Edwards, Angela M.	RN126465/LP038940	Revocation	Drug Abuse, Failure to Comply with Requirements of Impaired Nurse Program
6/14/2006*	Erkfitz, Karen R.	LP035842	Suspension	Violating Board Order
9/12/2006	Ernst, Alycia S.	RN101841/SN0915/ LP032282	Decree of Censure	Failure to Assess, Documentation Errors
7/19/2006	Fairman, Penny L.	RN038753	Probation	Drug Diversion, Presenting Illegal RX, Fraud, Deceit-Obtaining License
8/27/2006	Faulkner, Robert D.	RN083342	Stayed Revocation w/Suspension	Failure to Comply with Requirements of Impaired Nurse Program
7/27/2020	Findlay, Shannon E.	LP039249	Revocation	Violating Board Order
7/20/2006	Freeman, Mary A.	RN140595	Civil Penalty	Failure to Maintain Minimal Standards, Unsafe Practice, Misconduct-False Documentation
6/30/2006*	Gage, Marcy K.	RN135019	Stayed Suspension w/Probation	Failure to Maintain Minimal Standards, Documentation Errors, Wastage Errors
9/15/2006	Gale, Holly H.	RN107134/LP029607	Stayed Revocation w/Suspension	Drug Diversion, Failure to Comply with Requirements of Impaired Nurse Program
8/29/2006	Gilbride, Annette M.	LP017990	License Renewal Denied	Drug Abuse, Drug Diversion, Presenting Illegal RX
9/12/2006	Giron, Marites P.	TRN141417	Civil Penalty	Practicing without License
7/19/2006	Gutierrez, Janice M.	RN092079	Probation	Failure to Maintain Minimal Standards, Medication Errors, Misconduct
6/20/2006*	Hagen, Linda L.	RN034150	Probation w/Limited Licensure	Failure to Maintain Minimal Standards, Practicing Beyond Scope, Inability to Practice Safely
7/14/2006	Hand, Allison K.	RN117438	Voluntary Surrender	Drug Abuse, Violating Board Order
8/28/2006	Hart, Brenda M.	RN117921	Probation	Drug Abuse
7/6/2006	Hayse, Melanie R.	RN127984	Voluntary Surrender	Incompetent Practice
5/18/2006*	Helms, Criss J.	Compact State – TX	Voluntary Surrender-Privilege to Practice	Failure to Follow Orders, Medication Errors
8/6/2006	Henderson, Madeline S.	RN057322	Civil Penalty	Failure to Follow Orders, Misconduct-False Documentation
9/1/2006	Herbein-Miner, Heather A.	LP037944	Revocation	Alcohol Abuse, Failure to Comply with Requirements of Impaired Nurse Program
6/18/2006*	Jennings, Marvin K.	RN098694	Stayed Revocation w/Probation	Alcohol Abuse, Violating Board Order
5/19/2006*	Johnson, Margene A.	RN055320	License Renewal Denied	Drug Abuse, Writing Illegal RX, Fraud, Deceit
7/25/2006	Joyce, Patricia T.	LP027960	Voluntary Surrender	Failure to Maintain Minimal Standards, Inability to Practice Safely
6/23/2006*	Kennedy, Kimberly R.	RN119727	Revocation	Violating Board Order
8/20/2006	Kennedy, Mary	RN041515	Decree of Censure	Failure to Follow Orders, Practicing Beyond Scope
7/20/2006	Lagourgue, Tammy Lee R.	LP015525	Voluntary Surrender	Inability to Practice Safely
7/19/2006	Loos, Kenneth A.	RN034971/CRNA0052	Probation	Misconduct, Alcohol Abuse
7/26/2006	Lopez, Ivylinn D.	RN140739	Civil Penalty	Misconduct-Theft
7/19/2006	Lunn, Judy J.	RN134650	Voluntary Surrender	Violating Board Order

JULY-AUGUST-SEPTEMBER 2006

EFFECTIVE DATE	NAME	LICENSE	DISCIPLINE	VIOLATION(S)
7/19/2006	Luscumb, Jane M.	RN096938	Stayed Suspension w/Probation	Failure to Maintain Minimal Standards, Unsafe Practice, Failure to Follow Orders
9/5/2006	Lutzow, Michael J.	RN Endorsement	License Denied	Criminal Conviction-Against Person, Unprofessional Conduct, Sexual Misconduct
7/21/2006	Lynch, Lorin L.	RN077453	Probation	Alcohol Abuse
9/9/2006	Lyon, Kimberly K.	RN110171/LP029566	Decree of Censure	Practicing Beyond Scope
7/25/2006	Malone, Erin E.	RN066940	Voluntary Surrender	Violating Board Order, Failure to Cooperate with Board
6/30/2006*	Maurer, Tamara L.	RN078464/LP025203	Voluntary Surrender	Drug Abuse
5/18/2006*	McFall, Peggy L.	RN122704	Decree of Censure	Documentation Errors, Practicing Beyond Scope
6/27/2006*	McPherson, Cyndi J.	RN075808	Stayed Revocation w/Probation	Drug Diversion, Action in Another Jurisdiction
7/19/2006	Mehrbrodt, Jane A.	RN061650	Probation	Criminal Conviction-Misdemeanor, Failure to Follow Orders, Alcohol Abuse
7/19/2006	Moore, Jennifer L.	LP041064	Probation	Criminal Conviction-Misdemeanor, Fraud, Deceit, Failure to Cooperative with Board
8/29/2006	Murphy, Patrick S.	RN Endorsement	License Denied	Alcohol Abuse, Action in Another Jurisdiction
6/20/2006*	Nelson, Abigail J.	RN128856	Civil Penalty	Criminal Conviction-Misdemeanor
7/5/2006	Neville, Marilyn R.	LP036560	Suspension	Unsafe Practice, Failure to Follow Orders, Medication Errors
6/26/2006*	Pearson, Wendi Rae	RN131444	Decree of Censure	Documentation Errors
9/25/2006	Powell, Stacie	RN080022	Stayed Revocation w/Suspension	Failure to Comply with Requirements of Impaired Nurse Program
9/11/2006	Reising, Karen S.	RN130192	Stayed Suspension w/Probation	Drug Abuse, Drug Related-Impaired on Duty
6/30/2006*	Riedinger, Robin R.	RN109342	Revocation	Action in Another Jurisdiction
9/1/2006	Roberts, Nancy L.	RN109737	Revocation	Violating Board Order
9/17/2006	Rodenbeck, Louise A.	RN141602	Civil Penalty	Practicing without License
8/28/2006	Rollins, Kevin B.	RN133543	Voluntary Surrender	Drug Diversion, Failure to Comply with Requirements of Impaired Nurse Program
9/1/2006	Romine, Linda R.	RN090488	Stayed Revocation w/Probation	Criminal Conviction-Misdemeanor, Documentation Errors, Failure to Report Violations
9/11/2006	Rosalik, Kathryn A.	RN087989/AP049	Stayed Suspension w/Probation	Failure to Maintain Minimal Standards, Unsafe Practice, RX Errors (APRN)
7/23/2006	Roshan, Babak	LP040953	Decree of Censure	Failure to Maintain Minimal Standards, Medication Errors
8/10/2006	Ruiz, Patricia P.	LP023719	Decree of Censure	Failure to Follow Orders, Documentation Errors
6/28/2006*	Sanchez, Martin E.	LP036693	Suspension/Indefinite	Criminal Conviction-Misdemeanor, Drug Related,
7/21/2006	Santiago, Margaret L.	LP033453	Revocation	Violating Board Order
9/5/2006	Schafer, Bradley C.	LP Endorsement	License Denied	Criminal Conviction-Drug Related, Fraud, Deceit-Obtaining License
8/18/2006	Scott, Rachel C.	LP034329	Probation	Drug Abuse
9/11/2006	Selman, Carol A.	RN081747	Civil Penalty	Failure to Follow Orders, Practicing Beyond Scope, Misconduct
9/7/2006	Somplasky, Margaret A.	RN057264	Voluntary Surrender	Violating Board Order
6/30/2006*	Sones, Philip C.	RN114031	Decree of Censure	Failure to Follow Orders, Documentation Errors
7/21/2006	Soulik, Bareana T.	LP032393	Stayed Revocation w/Probation	Violating Board Order
7/19/2006	Speer, Kenneth D.	RN099044/CRNA0432	Civil Penalty	Practicing without License
7/19/2006	Stilwell, Deanne M.	RN091345	Decree of Censure with Fine	Failure to Maintain Minimal Standards, Failure to Follow Orders, Failure to Assess
8/14/2006	Vovakes, Susan E.	RN051643/AP0297	Decree of Censure	DX Errors (APRN)
6/30/2006*	Washington, Chanelle M.	RN Endorsement	License Denied	Misconduct, Failure to Cooperate with Board
7/21/2006	Webb, Virginia	RN057564	Revocation	Violating Board Order
7/13/2006	Wienefeld, Susan L.	RN037536	Revocation-Privilege to Practice	Unsafe Practice
8/29/2006	Wilkinson, Linda K.	RN Endorsement	License Denied	Alcohol Abuse, Action in Another Jurisdiction
8/7/2006	Willeford, Christina M.	RN133982	Suspension	Practicing without License, Violating Board Order
7/24/2006	Wilson Dakin, Connie S.	RN136109	Probation	Criminal Conviction-Misdemeanor
9/20/2006	Winters, Jennifer L.	RN123841	Stayed Revocation w/Suspension	Drug Abuse, Drug Diversion, Failure to Comply with Requirements of Impaired Nurse Program

Termination of Board Agreements/Order for **RNs/LPNs**

*NOT REPORTED IN PREVIOUS JOURNAL

EFFECTIVE DATE	NAME	LICENSE
7/19/2006	Allen, Christina	RN093569
7/20/2006	Andrick, Terrence M.	RN110826
9/11/2006	Coleman, Julie	RN095173/LP026339
7/19/2006	Collins, Roxann K.	RN055574
8/16/2006	Cooper, George T.	RN050434
7/19/2006	Corti-Phillips, Valerie A.	RN094717/LP030694
9/11/2006	Dame III, Alfred O.	RN124740
9/11/2006	Gonzalez, Marlon R.	RN131289
9/11/2006	Henely, Richard J.	RN046579
8/15/2006	Herstein, Sara J.	RN105847/LP030215
8/24/2006	Howard, Jeffery L.	LP028220
7/19/2006	Koepfer, Dawn M.	LP038838

EFFECTIVE DATE	NAME	LICENSE
7/19/2006	Marshall, Judy M.	LP035271
9/12/2006	Mazzarella, Lisa K.	RN129917/LP038370
9/11/2006	Moran, Lukaea E.S.	LP040810
9/19/2006	Robbins, Jill	RN088386
9/11/2006	Walters, Phyllis G.	RN105226
9/11/2006	Webber, Beverly M.	RN087510/AP0565
8/25/2006	Willeford, Christina M.	RN133982
7/19/2006	Williams, Cynthia F.	RN054806
7/20/2005*	Wohead, Kimberly S.	RN107542
9/11/2006	Wood, Lorie S.	RN053359
9/11/2006	Youngreen, Susan A.	RN131707

Notice of Retraction

Discipline for Timothy Hicks, RN051708 printed on page 34 of the third quarter issue of the Arizona State Board of Nursing's Regulatory Journal contains an error. Mr. Hicks was issued a Civil Penalty for Failure to Follow Orders.

THE ARIZONA NURSES ASSOCIATION is looking for a dynamic articu-

late person who can share our vision of the Association as the voice of nursing. This position requires administrative experience, good communication skills and an understanding of small business finances. The Executive Director works with volunteer members to;

- Promote professional advocacy
- Influence healthcare policy
- Sponsor and approve continuing education
- Network locally, statewide and nationally

SEND A LETTER OF INTEREST AND RESUME BY FAX TO 480-839-4780

OR EMAIL TO DEBBY@AZNURSE.ORG

Your Knowledge of the Nurse Practice Act

The items below are part of a 50 item exam developed to help RNs, LPNs and CNAs to increase your knowledge and understanding of the Arizona Nurse Practice Act.

Try it and see how you score! Answers can be found on page 37. Visit our website soon to take the entire exam.

1. WHICH OF THE FOLLOWING ACTIVITIES WOULD BE A SCOPE OF PRACTICE VIOLATION FOR AN RN:

- a. Ordering laboratory tests
- b. Administering blood products
- c. Evaluating the effects of medication
- d. Initiating a drug regimen based on protocols

2. IT IS OUTSIDE THE SCOPE OF PRACTICE FOR AN LPN TO:

- a. Perform an electrocardiogram on a client
- b. Assess a client's report of chest pain
- c. Reinforce foot care in a diabetic client
- d. Obtain a blood specimen from a client

3. UNDER THE DEFINITION OF DELEGATION, A NURSE MAY DELEGATE:

- a. Decision making and nursing judgment to other licensed nurses
- b. To a person whose job description includes the delegated activity
- c. All assessments except the initial assessment
- d. A selected task to a competent person

4 UNPROFESSIONAL CONDUCT:

- a. Is limited to acts committed in this state
- b. Is limited to acts performed on duty as a licensee
- c. Includes any conduct that may be harmful to the public
- d. Includes all misdemeanor offenses

5 IT WOULD BE UNPROFESSIONAL CONDUCT FOR A NURSE TO:

- a. Fail to report another nurse with evidence of impairment while on duty
- b. Fail to show up for a scheduled shift at a health care facility
- c. Practice nursing with a diagnosis of bipolar disorder
- d. Fail to honor an agreement to work for a hospital after accepting a scholarship

6. IT WOULD BE A VIOLATION OF THE NURSE PRACTICE ACT FOR A REGISTERED NURSE PRACTITIONER (RNP) TO:

- a. Prescribe narcotics to a chronic pain client

- b. Prescribe in a different specialty than the RNP's certification
- c. Delegate the administration of parenteral drugs to a medical assistant
- d. Dispense controlled substances

7. AN RN LICENSE APPLICANT WAS CONVICTED OF A CLASS 5 FELONY IN 2003 AND APPLIES FOR LICENSURE IN 2006. THE APPLICANT WILL BE:

- a. Given a civil penalty
- b. Placed on probation
- c. Denied a license
- d. Granted a conditional license

8. THE ARIZONA STATE BOARD OF NURSING HAS AUTHORITY OVER:

- a. Nursing students
- b. RN, LPN and CNA nursing programs
- c. All college nursing programs
- d. Continuing education nursing programs

9. A NURSE WHO CHANGES HIS/HER RESIDENCE ADDRESS SHALL NOTIFY THE BOARD OF THE NEW ADDRESS WITHIN:

- a. 10 days
- b. 15 days
- c. 30 days
- d. 45 days

10. A PHYSICIAN TELLS YOU THAT SHE WOULD LIKE TO CHALLENGE THE NCLEX EXAM SO SHE CAN WORK AS AN RN ON THE WEEKENDS. YOU WOULD TELL THE PHYSICIAN THAT IN ORDER TO DO THIS SHE WOULD NEED TO:

- a. File a direct petition with the Board
- b. Take NCLEX review and refresher courses
- c. Inactivate her physician license
- d. Complete an approved nursing program

11. ONE WAY THE BOARD ENSURES THAT NURSES WHO RENEW THEIR LICENSES ARE COMPETENT AND QUALIFIED IS TO:

- a. Conduct a criminal background check on each nurse.
- b. Require inactive nurses to retake and pass the NCLEX exam.

- c. Require that nurses practice 960 hours in the past 5 years.
- d. Require nurses who do not work at the bedside to take a refresher course

12. IN ARIZONA A NURSING LICENSE MUST BE RENEWED EVERY:

- a. 1 year
- b. 2 years
- c. 4 years
- d. 5 years

13. ALL RNS AND LPNS ARE DUE TO RENEW THEIR LICENSES IN THE YEAR THEY EXPIRE BY:

- a. June 30.
- b. The last day of their birthday month.
- c. December 30.
- d. November 1.

14. IF THE BOARD BELIEVES THAT THERE IS INSUFFICIENT EVIDENCE TO SUPPORT A DISCIPLINARY ACTION BUT SUFFICIENT EVIDENCE TO NOTIFY A LICENSEE OR CERTIFICATE OF ITS CONCERN, THE BOARD MAY ISSUE:

- a. A letter of admonition.
- b. An administrative penalty.
- c. A decree of censure.
- d. A letter of concern.

15. THE TITLE "NURSE" MAY BE USED BY:

- a. All persons licensed in any jurisdiction.
- b. Only RNs and LPNs currently licensed to practice in Arizona.
- c. RNs and LPNs who are either currently or previously licensed to practice in AZ or
- d. All licensees and other persons performing nursing duties in a health care setting.

16. IF THE BOARD FINDS THAT A NURSE HAS COMMITTED AN ACT OF UNPROFESSIONAL CONDUCT, IT MAY:

- a. Issue a letter of concern
- b. Issue an administrative penalty.
- c. Issue a decree of censure
- d. Withdraw the application.



Regulation

by Pamela Randolph RN, MS

RUNDOWN

Rulemaking R4-19-215; R4-19-301; R4-19-302; R4-19-505; R4-19-506; R4-19-507; and R4-19-508.

These individual rules need revisions to address issues that have arisen since their adoption. A rulemaking docket was filed and published the Administrative Register on March 3rd, 2006. Amendments to Article 2 (R4-19-215) will incorporate a process for rescinding the approval of an out-of-state nursing program that does not substantially meet Board standards.

In Article 3 (R4-19-301), the Board is considering changing the minimum scores for English language proficiency examinations based on research from National Council of State Boards of Nursing. On June 9th, the Education Committee and about 50 interested members of the public attended an information session featuring Dr. Tom O'Neill (Associate Director of NCLEX) regarding the National Council of State Boards of Nursing recommended cut scores for English language proficiency. O'Neill discussed the validity of the research leading up to the recommended scores and how they are consistent with other professions. Several members of the public expressed concern that raising the cut score on the TOEFL (Test of English as a Foreign Language) could pose a barrier to licensure of internationally educated nurses. Other audience members expressed concern for patient welfare and safety when the nurse has limited English proficiency. The Education Committee considered all the evidence at their August 31, 2006 meeting and recommended that English language proficiency standards be studied further and that there be no change to the current standards. Other amendments to Article 3 (R4-19-302) will give the Board discretion to prescribe addi-

tional licensure requirements for an individual who graduates from a revoked nursing program.

Amendments to Article 5 (R4-19-505) will extend the waiver of certification for clinical nurse specialists practicing in the area of maternal/infant health or women's health since there is no certification exam. The Board is also proposing a practice requirement for advanced practice nurses within their specialty similar to the 960 hour (in 5 years) requirement for RNs and LPNs. In R4-19-508, the Board stipulates that nurse practitioners only provide those health care services for which they are educationally prepared. Other rules were opened for technical and grammatical changes to improve clarity and internal consistency (R4-19-506; R4-19-507).

The proposed rules are expected to be posted on the website sometime in late November.

Articles 1 and 4

Extensive revisions of Articles 4 (Regulation) and 1 (Definitions and Time-frames) are underway. Please check the Board website (www.azbn.gov) for more information and a draft of the proposed rules.

5-year Rule Review

The five year rules review for Articles 4, 6, and 7 was submitted to GRRC in October. The Board is extensively revising Article 4 to improve clarity and differentiation of RN and PN standards of practice and plans no revisions to Articles 6 and 7.

The person to contact at the Board regarding rules is:

Pamela Randolph
Nurse Practice Consultant
602-889-5209
e-mail: prandolph@azbn.gov
Fax: 602-889-5155

17. THE NURSE LICENSURE COMPACT ALLOWS:

- Any nurse licensed in another state to practice in Arizona.
- A nurse licensed and residing in a compact state to practice in Arizona.
- A nursing student from another state to complete clinical training in Arizona.
- A nurse practitioner licensed in compact state to practice in Arizona.

18. IF A NURSE FROM A COMPACT STATE CHANGES THEIR PRIMARY STATE OF RESIDENCE TO ARIZONA THEY MUST:

- Inform the Board if they will be practicing on the compact license issued by the original state.
- Obtain another compact license in Arizona within 60 days.
- Inactivate their home state license and obtain a compact license in AZ.
- Apply to the Board for a temporary license.

19. IT IS AN ACT OF UNPROFESSIONAL CONDUCT FOR A NURSE TO:

- Fail to provide for the comfort of a patient's family.
- Refuse to follow a physician's order.
- Be absent for a scheduled shift without prior notice.
- Fail to document the care the patient received.

20. AN ACTIVITY THAT WOULD MEET THE PRACTICE REQUIREMENT OF THE ARIZONA STATE BOARD OF NURSING WOULD BE:

- Raising children and attending to their needs.
- Coordinating care and appointments for elderly parents.
- Consulting on staffing plans with a health care facility
- Attending continuing education activities.

TEST

Your Knowledge of the Nurse Practice Act

*Questions can be found on page 36. Visit our website soon
to take the entire exam.*

- | | | | | |
|-------|-------|--------|--------|--------|
| 1. a. | 5. a. | 9. c. | 13. a. | 17. b. |
| 2. b. | 6. b. | 10. d. | 14. d. | 18. c. |
| 3. d. | 7. c. | 11. c. | 15. b. | 19. d. |
| 4. c. | 8. b. | 12. c. | 16. c. | 20. c. |